



2010 SUMMER MEN'S/COED/WOMEN'S ADULT SLOW-PITCH SOFTBALL

Team Registration Form

TEAM NAME

Official Use

Class # **3702** - _____

Staff Initials

Date

Day	League Classification		Location
SUNDAY	MEN'S	C	W#1
MONDAY	COED	CD	W#2
TUESDAY	MEN'S 16"	D	W#3
WEDNESDAY	WOMEN'S 11"		W#4
THURSDAY			El Nido
FRIDAY			

Team Name _____
in the 2009 Fall league or 2010 Winter league.

Resident Team

☐

75% of roster are Torrance residents - **\$600 (\$525 - Sunday Afternoon)**

☐

Team sponsored by Torrance business, organization or club - **\$600 (\$475 - Sunday Aft.)**

Sponsor's Name _____

Address _____

Person to Contact _____

Non-Resident Team

☐

\$650 (\$575 - Sunday afternoon)

MANAGER'S NAME _____

ADDRESS _____

CITY _____

ZIP _____

DAY PHONE _____

EVENING PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

ASSISTANT MANAGER'S NAME _____

ADDRESS _____

CITY _____

ZIP _____

DAY PHONE _____

EVENING PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

PAYMENT REMINDER

RETURNING TEAMS MUST HAVE PAYMENT IN BY April 6th, 2010.

NEW TEAMS - YOUR PAYMENT IS DUE BY _____.

TEAM MANAGER'S MEETING will be held on

Wednesday, May 5th, 2010

7:00 P.M. - RETURNING TEAMS

7:30 P.M. - NEW TEAMS

at the Wilson Park Sports Center. This meeting is mandatory to receive your schedule & rulebooks.

Credit Card

I hereby authorize the use of my

☐ MasterCard

Print name as it appears on card

☐ Visa



MasterCard or Visa #



Expiration Date



Month _____ Year _____

Signature

